

## THE STATE OF NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION FIDUCIARY BUSINESS PROFITS TAX RETURN

<u>1991</u>

For the CALENDAR year 1991 or other tax year beginning and ending and ending and ending tax year beginning and ending tax year beginning tax year

STEP 1	Name of Estate or Trust	FEDERAL IDENTIFICATION NUMBER
Place LABEL HERE Otherwise, please print	Address of Fiduciary  City or Town, State and Zip Code	GRANTOR TYPE TRUST YES NO ARE YOU REQUIRED TO FILE A FEDERAL 1041 for 1991 YES NO
STEP 2 Foderal Information and Special Return Types	☐ Check here if the IRS has made any agreed or partially agreed to ad by the fiduciary which has not been previously reported to N.H. Ye Submit changes under a separate co.  ☐ INITIAL RETURN ☐ AMENDED RETURN ☐ FINA	ars covered by IRS
STEP 3	ONLY CHECK IF THE BOX APPLIES — SEE I	
	COMPLETE PAGE 2 BEFORE CO	MPUTING IAX
STEP 4 Figure Your Tax	8. Adjusted Gross Business Profits (from page 2, line 7)	ecimal to 6 places) . 9. • • • • • • • • • • • • • • • • •
STEP 5 Figure Your Credits, Interest and Penalties	12. Credits: (a) Tax paid with Application for Extension	12(b) 12(c) 12(d) 12(e) 12(f)
	13. Balance of Tax Due (line 11 less line 12)	14(a) 14(b) 14(c) 14(d)
STEP 6 Figure Your Balance Due or Overpayment	15. Balance Due (line 13 plus line 14.) Make check payable to: State of (If less than \$1.00 do not pay but still file in the return)  16. Overpayment (line 12 less line 11 adjusted by line 14, if applicable)  17. Apply Overpayment to: (a) Credit on 1992 Estimate	1617(a)17(b)
FICE USE ONLY	IF A FEDERAL FORM 1041 IS REQUIRED, THEN THIS RETURN MI AND LEGIBLE COPY OF THE U.S. FIDUCIARY INCOME TAX RE	JST BE ACCOMPANIED BY A COMPLETED
	Under penalties of perjury, I declare that I have examined this return and to the bes by a person other than the taxpayer, this declaration is based on all information of	
	Signature of Trustee, Executor or Fiduciary Date	Signature of Paid Preparer Other than Taxpayer Date
	MAIL TO:  DEPT. OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION 61 SOUTH SPRING STREET, P.O. BOX 637	Preparer's Identification Number  Preparer Address
	CONCORD, NH 03302-0637	City or Town, State, and Zip Code

## REFER TO PAGE 2 LINE-BY-LINE INSTRUCTIONS

1991

1.	INC	COME TO THE PROPERTY OF THE PR			
		Gross receipts or sales			
		Less returns and allowances	٦		
	(c)	Subtotal (1(a) minus 1(b))	┥		
	(d)	Cost of goods sold and/or operations (Attach schedule)	4	•	
	(e)	Gross profit (Line 1(c) less line 1(d))	4		
	(f)	Gross rents	_		
		Other income (Attach schedule)	_]		
	(P)	TOTAL INCOME (Add lines 1(e) through 1 (g))	. 1(h)		
			` '	•	
2.		DUCTIONS	7	. •	
		Fiduciary fees as actually paid	┥		
	(b)	Salaries and wages	-		
	(c)	Repairs	4		
	(d)	Bad debts	4		
	(e)	Rental expenses	4		
	(f)	Taxes	_		
		Interest			
		Contributions			
		Depreciation			
	(i)	Travel or entertainment expenses			
	•	Advertising	1		
			1		
	(1)	Other deductions (Attach schedule)	ے ا		$\top$
		TOTAL DEDUCTIONS (Add lines 2(a) through 2(l))			
3.	NE	T GAIN OR (LOSS) FROM SALE OF ASSETS. (SEE INSTRUCTIONS) Attach schedule if additiona	ıl spac	e is needed.	
		Description of Property		Gains or (Los	sses)
	<b>(-)</b>		_3(a)		
	(b)		_3(b)		
	(b)		_3(b) _3(c)		
	(b) (c) (d)		_3(b) _3(c) _3(d)		
	(b) (c) (d)		_3(b) _3(c) _3(d)		
4.	(b) (c) (d) (e)		_3(b) _3(c) _3(d)		
4.	(b) (c) (d) (e)	TOTAL Gain or (Loss) from sale of assets	_3(b) _3(c) _3(d)	Gains or (Los	ases)
4.	(b) (c) (d) (e)	TOTAL Gain or (Loss) from sale of assets	_3(b) _3(c) _3(d) .3(e)	Gains or (Los	ases)
4.	(b) (c) (d) (e) INS	TOTAL Gain or (Loss) from sale of assets	.3(b) .3(c) .3(d) .3(e)	Gains or (Los	ases)
4.	(b) (c) (d) (e) INS	TOTAL Gain or (Loss) from sale of assets	.4(a)	Gains or (Los	ases)
4.	(b) (c) (d) (e) INS	TOTAL Gain or (Loss) from sale of assets	.3(b) .3(c) .3(d) .3(e) .4(a) .4(b) .4(c)	Gains or (Los	ases)
4.	(b) (c) (d) (e) (a) (b) (c) (d)	TOTAL Gain or (Loss) from sale of assets	.4(a) .4(c) .4(d)	Gains or (Los	ases)
4.	(b) (c) (d) (e) (a) (b) (c) (d)	TOTAL Gain or (Loss) from sale of assets	.4(a) .4(c) .4(d)	Gains or (Los	RSes)
	(b) (c) (d) (e) ins (a) (b) (c) (d) (e)	TOTAL Gain or (Loss) from sale of assets  STALLMENT GAIN OR (LOSS) Attach schedule if additional space is needed.  Date of Original Sale  Mo Day Year	.4(a) .4(b) .4(c) .4(e)	Gains or (Los	1303)
	(b) (c) (d) (e) ins (a) (b) (c) (d) (e)	TOTAL Gain or (Loss) from sale of assets	.4(a) .4(b) .4(c) .4(e)		ases)
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